

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

David Jenkins

17CV7383

No.

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

William DeBlasio-Mayor(NYC)
James O'Neil-Commissioner(NYPD)
John Doe Police officer #1
John Doe Police officer #2

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

DAVID

First Name

Middle Initial

JENKINS

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Vernon C. Bains Center

Current Place of Detention

1 Halleck Street

Institutional Address

BRONX

County, City

N.Y.

State

10474

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: William DeBlasio N/A
 First Name Last Name Shield #
Mayor of the City of New York
 Current Job Title (or other identifying information)
Gracie Mansion
 Current Work Address
NEW YORK NY 10001
 County, City State Zip Code

Defendant 2: James O'Neil N/A
 First Name Last Name Shield #
Commissioner - NYC Police Department
 Current Job Title (or other identifying information)
1 Police Plaza
 Current Work Address
NEW YORK N-Y 10012
 County, City State Zip Code

Defendant 3: John DOE # 1 N/A
 First Name Last Name Shield #
NYC Police Officer - Warrant Squad
 Current Job Title (or other identifying information)
1 Police Plaza
 Current Work Address
NEW YORK N-Y 10012
 County, City State Zip Code

Defendant 4: John DOE # 2 N/A
 First Name Last Name Shield #
~~1 Police Plaza~~ NYC Police Dept.
 Current Job Title (or other identifying information)
1 Police Plaza
 Current Work Address
NEW YORK NY 10012
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 239 E 115th Street NY, NY.

Date(s) of occurrence: July 25, 2017 6⁰⁰ A.M.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On the above date and approximate time
a warrant was executed at the above
address, where I was arrested in front
of my family and children without
incident of arrest. Such warrant
was executed based upon information
and belief of the New York County
District Attorney's office for the
initial charge of domestic violence.
I was charged, detained and remanded to
the custody of the NYC Dept. of Corrections,
such custody continued until bail was
posted for my release on bail. The case
continued on until and throughout the months
until September 6th 2017, when such case
was dismissed in favor of the accused.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Due to such arrest I suffered undue hardship, pain and suffering, Mental anguish duress and Loss of Community Status.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

For my Pain, suffering and mental anguish I seek \$3,000,000 dollars, for Duress undue hardship and Loss of Community ties and Status I seek \$4,700,000 to ~~to for~~ total relief in the amount of \$7,700,000.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

September 13, 2017

Dated

David

Plaintiff's Signature

JENKINS

First Name

Middle Initial

Last Name

1 Halleck Street (Vernon C. Bain Center)

Prison Address

Bronx,

NY

10474

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

DAVID JENKINS # 1420250
DOWNSTATE CORRECTIONAL FACILITY
Box F
RED School House Road
Fishkill New York 12524-0445



Pro Se



MG1

TO: United States District Court
Southern District
500 Pearl Street
New York, N.Y. 10017

